



FP44 (rev. 3/00)

The Commonwealth of Massachusetts
Department of Fire Services - Office of the State Fire Marshal
P.O. Box 1025, State Road, Stow, MA 01775



APPLICATION FOR APPROVAL OF TANK TRUCK

City or Town _____ Date _____

In accordance with the provisions of 527 CMR 8.00: Board of Fire Prevention Regulations, application is hereby made for approval of the transport vehicle described herein.

Name of Owner: _____

Address: _____

Address of Permitted Land where Vehicle is Parked Overnight

Vehicle Type: _____ Make: _____ Year: _____

Registration: _____ VIN #: _____

Tank Capacity: _____ Signature of Applicant: _____

☐ Approved

☐ Disapproved

Date: _____

Permit #: _____

Signature Head of the Fire Department or Designee

Print Name Head of the Fire Department or Designee

FIRE DEPARTMENT FILE COPY